

	Please type a plus sign (+) inside this box	+	Patent and Traden	proved for use through 6/30/99. OMB 0651-00. nark:Office: U.S. DEPARTMENT OF COMMERC his unless it displays a valid OMB control numb
	1005 00 001	sons are required to	respond to a collection of informat	tion unless it displays
nd	er the Paperwork Reduction Act of 1995, no per		Application Number	nark: Office: U.S. DEPARTMENT of the control numbrion unless it displays a valid OMB control numb

·Ur Application Number 09/307,752 CHANGE OF 05/10/99 Filing Date CORRESPONDENCE ADDE Naren Chaganti First Named Inventor Application 2761 Group Art Unit To be assigned Examiner Name Address to: Assistant Commissioner for Patents PSC0--004 Attorney Docket Number Washington, D.C. 20231 Please change the Correspondence Address for the above-identified application Place Customer Number Bar Code to: Label here **Customer Number** Type Customer Number here OR Firm or Individual Name 7328 Dartford Drive, #6 Address 22102 ZIP Address VA State McLean City U.S.A. Country Fax (703) 506-6733 Telephone This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant. Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed. Attorney or agent of record . Typed or NAREN CHAGANTI Printed Name

DECEMBER 24, 1999 Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. Washington, DC 20231.

Signature